

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of<br/>Invention</b>   | Feed Device for Stacks of Paper, Plastic Material or the Like |                 |             |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
|---|---|-----------------|-------------|-------------|-------------|--------------------|-------------------|-----|------|--|---|------------------------|---|------|----|---|--------------------------------------|--|--|--|--|
| Application Number :<br>Date :<br>First Named Applicant: Ralph Pittelkow<br>Attorney Docket Number: P7386.9US   |   |                 |             |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| <b>TOTAL FEE AUTHORIZED \$ 385</b><br><br>Patent fees are subject to annual revisions on or about October 1st of each year.   |   |                 |             |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Filing as small entity<br><br>BASIC FILING FEE  |   |                 |             |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>   |   | Fee Description | Fee Code    | Amount \$   | Fee Paid \$ | Utility Filing Fee | 2001              | 385 | 385  | Subtotal For Basic Filing Fees: \$ 385 |   |                        |   |      |    |   |                                      |  |  |  |  |
| Fee Description   | Fee Code  | Amount \$       | Fee Paid \$ |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Utility Filing Fee  | 2001  | 385             | 385         |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Subtotal For Basic Filing Fees: \$ 385  |   |                 |             |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| EXTRA CLAIM FEES  |   |                 |             |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 16</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>  |   | Fee Description | Extra Claim | Fee Code    | Amount \$   | Fee Paid \$        | Total Claims : 16 | 0   | 2202 | 9                                      | 0 | Independent Claims : 1 | 0 | 2201 | 43 | 0 | Subtotal For Extra Claims Fees: \$ 0 |  |  |  |  |
| Fee Description   | Extra Claim   | Fee Code        | Amount \$   | Fee Paid \$ |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Total Claims : 16   | 0   | 2202            | 9           | 0           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Independent Claims : 1  | 0   | 2201            | 43          | 0           |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| Subtotal For Extra Claims Fees: \$ 0  |   |                 |             |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |
| <b>AUTHORIZED BILLING INFORMATION</b><br><b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Deposit account number: 501199<br>Access Code ****<br>Deposit name: Gudrun E. Hockett<br>Deposit authorized name: Gudrun E. Hockett<br>Signature: Gudrun E. Hockett<br>Date (YYYYMMDD): 2004-03-25<br><br>Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).<br><br>Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17. |   |                 |             |             |             |                    |                   |     |      |  |   |                        |   |      |    |   |                                      |  |  |  |  |